Saving More Lives... Together

Gift of Life

Trillium Gift of Life Network

2006 Annual Report 2007

Ontario

Mission

Saving and enhancing more lives through the gift of organ and tissue donation in Ontario

Vision

To be a world-class organization that enhances and saves lives through organ and tissue donation for transplantation.

Values

Trillium Gift of Life Network is an effective, innovative leader in organ and tissue donation. The organization works in an environment of honesty, trust, respect, compassion and cooperation.

Cover photos from left to right, top to bottom:
The White Family: (from l to r) Jordan, Jocelyn (holding picture of Dave) and Jaynet.
The Alexander Family: (from l to r) Claire (holding picture of Fraser), Ian, John and Christina.
The Oja Family: (from l to r) Curtis and Bonny (holding picture of Kayla).
The Therien Family: (from l to r) Beth and Emile (holding picture of Sarah Beth).
The Tyerman Family: (from l to r) Robyn, Don and Andrew (holding picture of Kathy).
Eleanor McMahon (holding picture of Greg).
The Beardy Family: (from l to r) Nellie and Chief Stan Beardy (holding picture of Daniel).
The Castillo Family: (from l to r) Cecilia (holding picture of Manny), Oscar and Manuel.
The Wright Family: (from l to r) Eddie, Kerianne and Dolorese (holding picture of Edward Patrick).

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Letter of Transmittal to Minister from Chair

The Honourable George Smitherman
Minister of Health and Long-Term Care
10th Floor, Hepburn Block
80 Grosvenor Street
Toronto, Ontario
M7A 2C4

Dear Minister,

Pursuant to the Trillium Gift of Life Network Act 2000, c.39, s.5, and section 8.15 (1), on behalf of the Board of Directors of Trillium Gift of Life Network (TGLN), I respectfully submit our 2006-2007 Annual Report.

As long as there is a waiting list, we cannot rest on any laurels. We are committed to addressing the organ and tissue needs of Ontarians as quickly and as efficiently as possible.

We look forward to working with you to save more lives through organ and tissue donation and to achieve our goals set out in the 2007-2008 Business Plan.

Yours truly,

RABBI REUVEN BULKA
Chair, Board of Directors

Message from the Chair and President

The Annual Report of Trillium Gift of Life Network (TGLN) describes the activities and progress of the network for the fiscal year ending March 31st, 2007.

2006/07 was a year of renewal for TGLN, as well as a period that featured several significant accomplishments. For 2006/07, TGLN had set itself an optimistic goal of 200 deceased donors. There were in fact 184 donors, which constituted a new record for deceased donors in a single year in the province of Ontario. This was the second successful year of increases for deceased organ donation rates representing a 9% increase over the previous record set in 2005/06 with 169 donors.

TGLN rewrote its mission statement in 2006/07. The new mission, *"Saving and enhancing more lives through the gift of organ and tissue donation in Ontario"* more accurately reflects the organization's focus on the patients whose lives could be saved by donation, and represents the evolution of TGLN as the provincial leader when it comes to organ and tissue donation.

Energized with a sense of renewed purpose, TGLN undertook four main strategies this past year:

- Build the will and capacity within TGLN to accomplish its mission
- Implement the "First Things First" ideas developed by the Organ Donation Breakthrough Collaborative
- Implement a tissue donation plan for Ontario
- Develop a comprehensive multi-year communications plan to raise public awareness about organ and tissue donation

This Annual Report details the varied components of these strategies and assesses the degree to which they were successful. There are, however, several significant accomplishments worth noting here.

In June, the first Donation after Cardiac Death in more that 20 years was performed in Ontario. The reintroduction of DCD after two decades was one of the organization's key goals for 2006/07. As this report indicates, that goal was accomplished and the targets that had been set in that regard were exceeded.

The Health Record Review (HRR) that was launched last year was undertaken once again, and TGLN improved the way it manages its clinical activities by establishing clear performance indicators that had been suggested by the HRR data.

Good organizations build on their successes, and the expansion of Routine Notification and Request (RNR) is a perfect example of that. RNR was introduced at 13 hospitals in 2005/06. This past year it was expanded to 21, resulting in a significant number of referrals from these hospitals, which in turn led to an increase in organ and tissue donors. TGLN also continued to work very closely with its hospital partners, establishing specific plans for each of the 21 high donor potential hospitals, improving data and knowledge transfer and cultivating organ donation "champions" whenever possible from within those institutions.

In keeping with its organizational focus, TGLN reached out to Ontarians this year, with an unprecedented broad and wide-reaching communications plan designed to educate people about the urgent need for more organ and tissue donors, and to remind them of the importance of sharing organ donation wishes with their families.

Tissue donation still remains a big challenge in the province. Currently, Ontario meets less than 10% of the demand for tissue. At the request of the Ministry of Health and Long-Term Care (MOHLTC), TGLN developed a comprehensive Tissue Plan for the province and this plan was submitted to the ministry in November 2006. The network had hoped to implement the plan this year – the increase in the number of tissue donations as a result of RNR adding certain urgency to this – and is now committed to ensuring that the plan is implemented in fiscal 2007/08.

TGLN extends many thanks and congratulations to the physicians, nurses, support staff and administrators at the transplant centres who facilitate living organ donations. This year saw record numbers of living donations for both kidney and liver transplants with 212 kidney transplants, compared to 202 in 2005/06 and 57 living liver transplants compared to 45 in 2005/06. We commend

those individuals who have given so much of themselves with the gift of life through living donation. Ontario's generous record with living donation lends encouragement to our efforts to increase deceased donation rates in the province.

We acknowledge the outstanding contributions of Ms. Elizabeth (Sue) Wilson, who was the Chair of the TGLN Board of Directors during this fiscal year. Ms. Wilson was a very active member of the board since her appointment in 2001 and became the Chair in 2005. During her term she demonstrated commitment and dedication to increasing organ and tissue donation rates and we are grateful for the leadership she showed during this time.

We are also grateful, as always, for the continued support we receive from Premier Dalton McGuinty and Health and Long-Term Care Minister George Smitherman, not to mention the sense of purpose and commitment demonstrated by ministry staff, our own staff, our board of directors, hospital administrators, tissue bank representatives, our community stakeholders, and of course the volunteers who make so much of what we do possible. Finally, we need to thank the health care providers who bear so much of the organ donation burden, as they do all their burdens, with dignity, grace and commitment.

Overall, we look back on 2006/07 as a year in which a great deal was accomplished. There were more organ and tissue donations than ever before resulting in more lives being saved. That being said, 1748 people are still on the waiting list for organ transplants. The fact that every three days someone dies waiting for a transplant is all the incentive we at TGLN could ever need to redouble our efforts in the year to come.

Rabbi Reuven Bulka
Chair

Frank Markel
President and CEO

Clare Payne, Director of TGLN's Provincial Resource Centre (PRC) explains the role of the PRC in the management of donor cases to the Honorable George Smitherman, Minister of Health and Long-Term Care.

Frank Markel, President and CEO shows the Honorable George Smitherman, Minister of Health and Long-Term Care an award presented to TGLN for achieving high organ yield results.

Saving More Lives...Together

In 2006/07, Trillium Gift of Life Network (TGLN) set a new record of 184 deceased donations in the Province of Ontario, while falling short of its goal of 200 donors.

Though we are extremely proud of this achievement, there still remains a considerable gap between the number of people waiting for organ transplants and the number of organs available for transplantation. While there was a record number of organ transplants performed in the province during the fiscal year, the number of transplants only increased by 3% over the previous year (608 to 628). This modest increase in transplants, despite record numbers of Ontario donors, can be attributed to a decrease in organs received from outside of the province. During this fiscal year, TGLN received 28 less imported organs than the previous year. These statistics continue to highlight that the need for more organs remains urgent, with more than 1748 people on the transplant waiting list in Ontario.

TGLN began the year with an acknowledgement that it needed to change its internal culture to better reflect the organization's determination to save more lives in Ontario through donation and transplantation. The change that was brought about is best reflected in TGLN's new mission statement: *"Saving and enhancing more lives through the gift of organ and tissue donation in Ontario."* This new mission statement invokes a greater sense of urgency concerning organ and tissue donation.

In pursuit of this new mission, TGLN undertook a number of specific strategies this year. The first of these was to further build the will and capacity within TGLN to do the job the organization had set for itself. This strategy encompassed the creation of the new mission statement, the establishment of a specific agreed upon set of performance metrics to measure the success of various stages in the organ donation process, the reintroduction of Donation after Cardiac Death (DCD), and the adoption of a "value-positive approach" to seeking consent for donation.

The second strategy involved implementing several innovative ideas developed by the US-based Organ Donation Breakthrough Collaborative, an organization of which TGLN has been a member since 2004. These "First Things First" ideas included expanding Routine Notification and Request (RNR), focusing TGLN's efforts on specific hospitals to maximize results, staging a made-in-Ontario organ collaborative conference, and establishing clinical triggers to ensure timely identification of potential donors.

TGLN's third main strategy recognized the need for an improved system for tissue donation. Ontario is meeting less than 10% of the provincial demand for tissue and the current tissue donation, recovery and processing system is fragmented and in need of improvement. At the request of the Ministry of Health and Long-Term Care, and with the input of more than one hundred stakeholders from the tissue banking community in the province, TGLN developed a *Tissue Donation Plan for Ontario* with the intention of adopting it in 2006/07.

Finally, in 2006/07, TGLN undertook the development of a multi-year communications strategy to raise public awareness about the need for organ and tissue donation and to educate people about the issues and challenges that exist when it comes to increasing donation levels.

A comprehensive and effective communications strategy is essential to any success Trillium Gift of Life Network can hope to enjoy in fulfilling its mission of saving more lives through organ and tissue donation. It is widely accepted that the more people know about organ donation, the more likely they are to become donors.

Overall, there was considerable progress made in 2006/07. Important new programs were launched, and new donation records were achieved. TGLN remains mindful, however, that more work needs to be done. The 1748 Ontarians who remain on the list for organ transplants are a pressing reminder of the need to increase donation rates in this province, and the 122 people who died during the past year while on that list are a more pressing reminder still.

Build the Will and Capacity within the Organization

At its September 2005 meeting, TGLN's Board of Directors asked management to develop a new mission statement for Trillium Gift of Life Network. The objective

was a mission statement that would be memorable and better captures the intensity of TGLN's commitment to achieving higher donation rates. Management organized a full day meeting for all staff and Board members as a way of beginning the discussion.

TGLN's previous mission statement had focused on the importance of helping potential donors make an informed decision about donation, and on supporting their families and healthcare providers in honouring their decision. The new Mission Statement invokes a sense of urgency around organ donation and makes a clear link to the patients waiting for life-saving or life-enhancing transplants. It reads:

> *Saving and enhancing more lives through the gift of organ and tissue donation in Ontario.*

In the 2006/07 Business Plan, TGLN committed to managing its clinical activities using a clear set of performance indicators, and moving the Health Record Review (HRR) to the point where the review of each month's activity is completed by the end of the following month. TGLN's Organ and Tissue Donation Coordinators (OTDCs) are responsible for conducting the HRRs for their own hospitals. They review all health records for patients who have died in ventilated units of Type A and B hospitals (see Appendix for list of hospitals). From this patient group, TGLN is able to identify the cohort of potential eligible donors and determine if they were referred to TGLN. These results are then shared with the participating hospitals in order to improve processes within those institutions. The results are also shared quarterly with TGLN's board of directors. These reviews spring from the understanding that until you can properly measure your successes and failures, you cannot build on the first and improve on the second.

In carrying out the Health Record Review initiative, TGLN has benefited from its new database called TOTAL (Trillium Organ and Tissue Allocation System). TOTAL was launched in 2005/06 and following the launch a number of issues arose related to system bugs, data conversion, training and communication. In 2006/07, working with stakeholders, TGLN focused on addressing these issues and improving TOTAL in order to be assured of its integrity and reliability.

Donation after Cardiac Death

In June 2006 the era of DCD in Ontario officially began. "My family wanted to honour our 32 year old daughter's wishes to become an organ donor after a sudden illness resulted in her being hospitalized and placed on life support", said Emile Therien of Ottawa. "After we made the independent decision to withdraw life support, we approached the healthcare team at The Ottawa Hospital and conveyed her wishes to become an organ donor," he added. "Sarah Beth did not meet the criteria for brain-death and we were determined to fulfill her wishes. My wife Beth and I pushed for and inquired about other options for organ donation. An organ and tissue coordinator for Trillium Gift of Life Network was contacted. A team was then quickly mobilized, and in death Sarah Beth became a medical pioneer in this country," said Mr. Therien.

Emile and Beth Therien of Ottawa, parents of Sarah Beth, pictured at a news conference to announce a new era in organ donation in Canada.

TOTAL provides the data that underlies the clinical process and is built to be flexible enough to adapt and enable new initiatives, like donation after cardiac death.

Donation After Cardiac Death

2006 marked the reintroduction of Donation after Cardiac Death (DCD) to Ontario, and in fact to Canada. In June, a 32-year old Ontario woman died at The Ottawa Hospital after a brief illness. She had previously informed her family that in the event of her death, she wanted to be an organ donor. Although she did not proceed to brain death, a decision was made to withdraw life support. The family then asked that her wish to be an organ donor be honoured. Because both Trillium Gift of Life Network and The Ottawa Hospital were prepared to offer the option of donation after cardiac death, it was possible to respond to the family's request. She did become a donor, and in the process a new era in organ donation was established in Ontario.

TGLN identified bringing DCD as a donation option for patients and families to Ontario as one of its main goals in both its 2005/06 Annual Report and its 2006/07 Business Plan. The first step in achieving this goal was to ensure that the organizations own policies were thoroughly developed, and staff properly trained. That having been done, the next step was preparing hospitals for DCD. TGLN has devoted considerable time and energy this past year working with hospitals to bring in DCD policies and programs.

This initiative has been very successful. Two hospitals now have approved policies, and several others are in the process of developing them. Since the first successful case in June, there has been nine more Donation after Cardiac Death cases in Ontario, as well as several other referrals when there was a willingness from families and hospitals to go forward but where the organs were unsuitable for transplant. Most of these were facilitated at the request of families, which indicates a growing awareness and acceptance of DCD at hospitals and among the general public.

Preliminary data from this year's Health Record Review indicates that as many as 15% of future donations could come from DCD. That, combined with the experience of other jurisdictions where DCD has increased donation rates by as much as 20%, has renewed TGLN's determination to see DCD policies implemented at a majority of suitable hospitals in Ontario this coming year, with the eventual goal of having DCD as an option for every suitable patient and family in Ontario.

Value-Positive Approach Training

Despite all the strategies put in place to improve the steps of the donation process, one of the greatest challenges faced by TGLN is the gap between public support for donation and actual donation consent rates. Public opinion research shows that 93% of Ontarians support organ and tissue donation. However, when the time comes to put the support into practice by giving consent for a deceased family member's organs to be donated, the consent rate drops to 54%.

In 2006/07, TGLN began to close that gap by providing special training to its hospital-based Organ and Tissue Donation Coordinators (OTDCs) – the people who most often approach families for consent. Coordinators are now being taught to adopt a value-positive approach, which is built on the belief that most people, given the opportunity to save lives and help others, will choose to do so.

This new, value-positive approach to seeking consent for donation combines supporting donor families while advocating for the individuals who continue to wait for transplant.

The value-positive approach was developed by the Philadelphia Gift of Life Institute, using feedback from donor families about why they chose to donate the gift of life. Many say they wanted to honour the generous nature of their loved one, or wanted him or her to leave a legacy. These are the motives that coordinators are encouraged to explore with potential donor families.

The approach assumes consent is more likely to be given if the coordinator spends time exploring and asking about the personality of the deceased and the nature of his or her family life, and emphasizes the importance of making a connection between organ donation and the rare opportunity to save the lives of others.

OTDCs are being provided with new language to use in approaching families and are also being given practical role-play experience to aid in the approach. OTDCs have to walk a very fine line as the point is not to convince families to do something they do not want to do, but rather help them act on their support for donation during an extremely difficult time.

Implement "First Things First" Ideas from the Breakthrough Collaborative

Trillium Gift of Life Network has been a member of the US-based Organ Donation Breakthrough Collaborative since 2004. The Breakthrough Collaborative, which was initiated by the U.S. Department of Health and Human Services, is a forum for key national leaders and practitioners from the U.S. transplantation and hospital communities to share best practices. Knowledge transfer in health care is traditionally a slow process. The collaborative method brings people together to think and talk about organ donation, and in the process disseminates valuable knowledge faster and further than might otherwise happen.

For 2006/07, TGLN determined that much of its success would depend on the adaptation and implementation of several approaches developed by the Breakthrough Collaborative. These "First Things First" ideas are considered to be the most important and effective for raising donation rates in a timely manner.

The approaches identified by TGLN are as follows:

- Expand Routine Notification and Request (RNR)
- Focus on select hospitals
- Develop specific individual plans for each of the selected hospitals
- Implement regular data sharing with each hospital
- Cultivate and promote organ donation "champions" within hospitals
- Stage an Ontario-specific Collaborative meeting for selected hospitals
- Improve identification and referral process by developing accepted clinical triggers

Routine Notification and Request

Routine Notification and Request (RNR) is a strategy to improve organ and tissue donor rates in Ontario. This updated legislation, which was enacted in January 2006 and was phased in by TGLN, first required 13 type "A" designated hospitals to report every patient death in the Emergency Department or Intensive Care Unit to TGLN. Reporting of every death ensures that accurate identification of potential donors can be made and that eligible families are given the opportunity to donate and fulfill their loved one's wishes.

TGLN Volunteer - Merv Sheppard

Retired after 25 years as a Drug Representative and Continuing Medical Education Associate with Wyeth, Merv Sheppard was diagnosed with pulmonary fibrosis in October of 1999 and was in end-stage respiratory failure when he received the "Gift of Life" of a single-lung transplant in April of 2002. Merv says that he "will be forever grateful for my second chance at life" and is now an advocate for Organ Donation Awareness and Transplant Research Funding. Merv has volunteered countless hours for Trillium Gift of Life Network by telling his story to members of the general public as well as in-hospital clinicians. Merv has been a member of TGLN's Provincial Volunteer Committee, providing leadership and humour to everyone he meets. He has been a mentor for other volunteers across Ontario and his online blog: mervsheppard.blogspot.com provides valuable information to donation and transplant communities around the world.

Grant Haggerty (left), a double lung recipient poses with Merv Sheppard, a single lung recipient at the Labour Day Classic football game in Hamilton.

TGLN's Director of Finance – Debbie Lanktree

Debbie Lanktree was 19 years old when she was diagnosed with kidney disease. A student and member of the Queen's University track team, she had no idea she was even sick until a routine medical check-up revealed that she was suffering from glomerulonephritis – possibly contracted through strep throat.

Over the next 10 years, her physician monitored Debbie's condition closely. During that time, Debbie graduated from university and went on to earn her designation as a Chartered Accountant. However, in the late 80's, Debbie's blood pressure was skyrocketing and they were unable to control it with medication. Her kidney function continued to deteriorate and in April 1989 Debbie was informed that she needed to begin dialysis in order to stay alive. By this time, she had very little energy and was nauseous on a continuous basis. "I remember that I couldn't sit on a side seat on the bus or subway – if I wasn't looking straight ahead the motion made me sick to my stomach. The physical symptoms were very scary for me. I went from someone who was running 8 miles a day to someone who had difficulty walking up a slight incline. I thought I was going to die. I cried on the bus after seeing my doctor thinking that I would never have a chance to have children." *(continued on page 13)*

Debbie Lanktree (left) with Frances Reinholdt, TGLN's Director of Hospital Programs (GTA and Central Ontario Regions).

In January 2007, Trillium Gift of Life Network announced that eight more hospitals are taking part in RNR, for a total of 21 institutions participating. These 21 hospitals represent those with the highest percentage of potential eligible donors in the province. (See appendix)

Referrals from the hospitals now practicing RNR have increased by as much as 177%. The number of organ donors increased by 17%, and the number of tissue donors from these hospitals also increased by over 70%.

Focus on Select Hospitals

Trillium Gift of Life Network made a conscious decision in 2006/07 to focus its resources and energy on those hospitals deemed most likely to have more potential organ donor candidates, and best able to implement programs to convert potential donors into actual donors.

Of the 154 hospitals in Ontario, 21 were selected. This determination was made based on historical donation trends, as well as a very specific examination of the hospitals' donor potential and capabilities, enabled by the Health Record Reviews.

Hospital-Specific Plans

As part of developing the business plan, TGLN created individual action plans for each of the 21 hospitals detailing how each hospital can best increase donation rates. These plans are intended take into account the different challenges faced by the 21 selected hospitals, and to reflect the range of potential that exists among them. They are designed to leverage hospitals' individual capabilities, and in so doing maximize the number of referrals and donor recoveries in Ontario.

Data Sharing with Hospitals

In 2006/07, TGLN made a deliberate effort to begin sharing more data with its selected hospitals, allowing them to do a better job of keeping their programs informed and enabling them to plan ahead. In addition to the twice-annual hospital scorecards that are sent to hospital CEOs, TGLN undertook this year to proactively share information as it becomes available, on a monthly basis, with any hospital requesting it. The Organ and Tissue Donation Coordinators at each of the 21 hospitals share the data with the Chair of the Organ and Tissue Donation Committee at each hospital. The committee reviews the data and provides advice to improve performance at the

individual centres to the CEOs. The hospitals then include this information in their own balanced scorecards, which they are now required to produce.

Hospital Champions

Once again this year, TGLN spent considerable time and resources developing positive working relationships with its hospital partners.

Research done by the Breakthrough Collaborative has consistently shown that having hospital staff buy-in is a critical success factor for donation rates, and having actual donation "champions" in hospitals is one of the best ways of ensuring that rates continue to rise.

Last year, TGLN conducted 53 site visits to donor hospitals where staff presented to senior physicians, nurses, and administrators in order to elicit their support.

This year as mentioned, TGLN narrowed the focus and meetings were held with senior administrative and clinical leaders in the 21 key hospitals to discuss strategies to increase donation rates

TGLN hosts Ontario-specific Collaborative Meeting

In June 2006, TGLN organized a symposium called Saving Lives Together. The two-day event employed many of the principles and techniques TGLN had learned as part of the Organ Donation Breakthrough Collaborative.

The *Saving Lives Together* symposium brought health ministry officials, doctors, nurses and administrators from 20 hospitals across the province – to talk and learn about the best ways to improve the way organ donation is handled in this province. During two days of sessions, participants discussed:

- Identifying clinical triggers;
- Better pre-approach planning;
- The importance of having organ donation champions on site, in the hospital;
- Effective requesting;
- Early referral and on-site consultation; and
- After-action reviews.

To build on the success of and to maintain momentum after the symposium, follow-up teleconferences were held to discuss specific topics. Fourteen hospitals participated in a call about Donation after Cardiac Death, twelve took part in a presentation about clinical triggers, and ten hospitals were represented on a teleconference to learn more about effective requesting.

TGLN's Director of Finance - Debbie Lanktree

(continued from page 12)

Debbie was on dialysis for six months. During that time four family members were tested to determine if they would be suitable candidates to donate a kidney. Her brother Jim was the closest match and readily agreed to donate a kidney to his sister.

On October 2, 1989 at St. Michael's Hospital in Toronto, Jim's right kidney ("J.P." as he is affectionately known) was transplanted from Jim to Debbie. The kidney started functioning immediately. Jim was discharged from hospital within a week and Debbie was discharged after two weeks. There have been no complications. Debbie's current kidney function is completely normal.

Debbie married her long-time boyfriend Richard in 1991. In 1993 Debbie delivered a healthy baby girl after an uneventful pregnancy. In 1996 a son was born – again after a very straightforward pregnancy.

"My life was on hold until I had my transplant. The whole time that I was sick, all I wanted was to have a normal life. I don't take anything for granted anymore. My health, my ability to enjoy life - I wasn't sure I would ever have those things again. And my children are such a miracle to me."

"I owe so much to my brother and I am so fortunate that I did not have to stay on dialysis for a long time. Dialysis keeps you alive but it's not a nice way to live."

18 years after her transplant, Debbie is the Director of Finance at Trillium Gift of Life Network. She competed in the Canadian Transplant Games in Edmonton this past August where she won a gold medal in long jump, bronze medals in the 800-metre run and five-pin bowling. She is a member of the Team Transplant Dragon Boat team. In 2005, she won a bronze medal in the 1500 m run at the World Transplant Games in London.

The amount of positive feedback from Collaborative participants convinced TGLN of the value and desirability of having it become a regular event. At the same time, the Ministry of Health and Long-Term Care (MOHLTC) announced it would be taking applications for a Performance Improvement Fund. This fund was to be allocated to projects that use quality improvement methods, align with strategic priorities for improvement, can be demonstrated to provide clear benefits for the healthcare system and are sustainable over the long term. The strategic areas of priority for improvement include home care, integration of care across sectors and end-of-life care. TGLN's collaborative sessions met the end-of-life care priority and staff submitted an application to receive funding to host additional learning sessions. The submission was titled "The Use of Quality Improvement Methods to Incorporate Organ Donation as Part of Routine End-of-Life Care and Increase Organ Donation Rates in Ontario."

TGLN's application was successful and the funding provided will enable the organization to host additional collaborative sessions with partner hospitals toward the goal of increasing organ donation rates in Ontario.

TGLN is pleased to recognize the role of MOHLTC in making these collaborative sessions possible.

Timely referral of potential donors using clinical triggers

One of the keys to achieving high conversion rates is early referral of potential donors. The conversion rate refers to the proportion of potential organ donors converted into actual organ donors. Early referral helps ensure appropriate identification of donors, and ensures development of an effective care plan with the healthcare team. Clinical triggers are a set of criteria that is mutually established by the hospital and TGLN, prompting the hospital to make a timely notification to TGLN's Provincial Resource Centre. Ultimately, the objective is to see to it that appropriate support is provided to the donor family, as well as to the frontline clinical staff, for effective donor management.

Organ Yield

In addition to these strategies, another priority area identified by the Breakthrough Collaborative is the achievement of a high organ yield per donor. Organ yield refers to the average number of organs recovered from every donor.

In 2006/07, Trillium Gift of Life Network continued to show some of the best organ yield results of any Organ Procurement Organization (OPO) in North America. The organ yield goal established by the Breakthrough Collaborative is 3.75 organs per donor. This year, TGLN recovered an average of 3.61 organs per donor, and in doing so was honored as being only one of four OPOs to achieve this high a rate. TGLN's success with organ yield can be attributed to three factors:

Donor Management
A report by the Canadian Council for Donation and Transplantation (CCDT) identified donor management as one of the key factors in increasing organ yield. TGLN has worked with hospitals to put in place guidelines to ensure that the organs of deceased donors be properly preserved until such time as they can be retrieved for transplant.

Allocation
TGLN's policy with respect to organ allocation is to assume that, in almost every case, all of a donor's organs are going to be viable. They are then allocated to the transplant program at the most appropriate hospital, and it is up to the transplant program to make the determination of viability.

Transplant program buy-in
Ontario's transplant programs have taken an energetic approach towards the use of every possible organ available for transplant whenever possible. Working with Trillium Gift of Life Network, this approach on the part of the transplant programs has resulted in Ontario's success in organ yield.

The success in achieving high organ yield comes mainly from increases in recovering liver, lungs and heart as detailed on page 15. Despite the high organ yield, the number of liver and heart transplants decreased due to a lower number of these organs being imported from outside Ontario. Kidney yield decreased slightly during the fiscal year. This is likely due to an increased number of marginal donors whose kidneys were not suitable for transplantation.

Organs Transplant Yield Per Ontario Deceased Donor

	2006/2007		2005/2006	
Organ	**Number**	**Per Donor**	**Number**	**Per Donor**
Kidney	309	1.68	291	1.72
Liver	151	0.82	132	0.78
Lung	120	0.65	86	0.51
Heart	51	0.28	47	0.28
Pancreas	30	0.16	35	0.21
Small Bowel	4	0.02	0	0.00
TOTAL	665	3.61	591	3.50

Organ Donation Performance Indicators

Over the past two years, chart audits or Health Records Reviews (HRR) have been done on a monthly basis at Tier 1 hospitals (Appendix 1) to determine each hospital's potential pool of organ donors and to determine each facility's organ donation performance results. Not only is the potential pool identified, but the effectiveness of converting potential cases into actual organ donors is also measured and reported as the conversion rate.

The performance indicators assist each facility in identifying processes that require improvement and applying the appropriate "First Things First" strategies to increase organ donations at each facility. Aggregate performance indicators for the whole province provide TGLN with a way to evaluate the effectiveness of its programs and services in collaboration with partner hospitals.

In 2006/07, TGLN established the following performance indicators to use in determining the success of its donation initiatives: (See charts on page 16.)

The health records reviews indicate there were a similar number of potential eligible cases identified from Tier 1 hospitals this fiscal year compared to last year. In 2006-07 there were 12 more donors than in 2005-06, but the conversion rate remained essentially unchanged due to the slightly larger number of potential cases. The most significant change in performance indicator is the 10% increase in referral rate from 71% in 2005-06 to 81% in 2006-07. The higher referral rate is largely a reflection of the implementation of Routine Notification and Referral (RNR) in the thirteen Type A hospitals from the Tier 1 group. By mandating the referral of deaths in critical care units and emergency departments, RNR provides the opportunity to integrate the donation process as part of end of life care practice.

The remaining process indicators, such as declaration rate, approach rate, and consent rate, remain generally unchanged in 2006-07 compared to 2005-06. One indicator, which is 6% lower in 2006-07, is the recovery rate. One possible explanation is that, due to increased referrals, TGLN is following up on more cases that may be marginal compared to last year when we may not have been notified about these cases because of hospital staff self-screenings. Once TGLN staff followed-up, the case would go through the donation process and the organs may not be suitable for transplantation. In the end, the process indicators all point towards conversion rates that are similar for both fiscal years.

However, when the performance indicators are further differentiated to focus on the six hospitals with the largest volume of potential donors, one sees that significant progress was made in 2006-07 at these sites. These six hospitals are: The Ottawa Hospital, Hamilton Health Sciences Centre, London Health Sciences Centre, St. Michael's Hospital, Sunnybrook Hospital and University Health Network. As for all Tier 1 hospitals, the referral rate in this group of top six volume hospitals increased by 21% in 2006-07 compared to the previous fiscal year.

RNR was implemented in these six hospitals in Jan 2006, and continued to develop in the following months, eventually expanding to twenty-one hospitals around the province. Implementation of RNR consisted not only of broad education about referrals of all deaths in critical

Indicator Definitions and Calculations

Potential organ donor - Any patient who did not have exclusionary medical conditions (malignant neoplasms, rabies, WNV, herpetic septicemia or pre-maturity) and was with: At least one documented declaration of brain death; or documented clinical findings consistent with brain death but not declared.

Actual organ donor – Potential organ donor from which at least one organ was recovered and transplanted.

Referral rate – Proportion of potential organ donors referred to TGLN, calculated as (# of referrals) / (# of potential organ donors), expressed as a percentage.

Declaration rate – Proportion of potential organ donors declared brain dead, calculated as (# of cases declared brain dead) / (# of potential organ donors), expressed as a percentage.

Approach rate – Proportion of potential organ donors approached, calculated as (# of potential organ donors approached) / [(# of potential organ donors) – (# of cases marked "TGLN ruled medically unsuitable" or "No next of kin" under "Reason for non-approach")], expressed as a percentage.

Consent rate – Proportion of approached potential organ donors consented for organ donation, calculated as (# of cases consented) / (# of cases approached), expressed as a percentage.

Recovery rate – Proportion of consented cases from which at least one organ recovered and transplanted, calculated as (# of actual organ donors) / (# of cases consented), expressed as a percentage.

Conversion rate – Proportion of potential organ donors converted into actual organ donors, calculated as (# of actual organ donors) / [(# of potential organ donors) – (# of cases marked "Medically unsuitable" under "Reason for not meeting donor criteria") - (# of cases marked "TGLN ruled medically unsuitable" or "No next of kin" when not yet marked "Medically unsuitable" under "Reason for not meeting donor criteria")], expressed as a percentage.

Each of the indicators relates to one of the stages of converting a potential organ donor into an actual donor. As the table below shows, the conversion rate for 2006/07 represents only a small improvement on the previous year's performance.

Performance Indicators for all Tier 1 Hospitals

Indicator	Apr 2006-Mar 2007	Apr 2005-Mar 2006
Potential eligible cases	391	362
Number of Organ donors	149	131
Referral Rate	81%	71%
Declaration Rate	63%	60%
Approach Rate	79%	79%
Consent Rate	57%	55%
Recovery Rate	81%	89%
Conversion Rate	38%	37%

Performance Indicators for 6 Tier 1 hospitals with the largest volume of potential cases

Indicator	Apr 2006-Mar 2007	Apr 2005-Mar 2006
Potential eligible cases	222	224
Number of Organ donors	106	89
Referral Rate	87%	72%
Declaration Rate	72%	61%
Approach Rate	85%	82%
Consent Rate	63%	54%
Recovery Rate	83%	90%
Conversion Rate	48%	40%

care units and emergency departments, but also education about the importance of referrals of all potential organ donor cases. In addition, many of the hospitals in this top six group have also implemented or started to implement the best practice of clinical triggers, which helps to facilitate referral of potential donors.

With referral comes the response of TGLN coordinators providing support to health care professionals in the organ donation process. One possible outcome of on-site support is to provide assistance in brain death declaration of patients who have been determined by clinicians to be candidates for organ donation. The declaration rates from health records reviews from these six hospitals show an increase in 2006-07 compared to 2005-06, perhaps due to the increased referral and subsequent support by TGLN's coordinators.

Approach rates in both years remain fairly high at 82% in 2005-06 and rising slightly to 85% in 2006-07. Families whose loved ones were eligible for organ donation were thus provided the opportunity to consent to donation. In fact, of those patients declared brain-dead, families were approached over 90% of the time.

While approach rates were similar in both years, the consent rates increased by 9% in 2006-07, from 54% to 63%. As detailed earlier, at the beginning of 2006-07, TGLN undertook the training of the OTDCs in a new approach developed in the US that provides families with a better understanding of the impact of consenting to organ donation. This new methodology, called the value-based approach, has increased consent rates in various jurisdictions in the US. The increases in consent rates over the fiscal year in these six top hospitals may be an indication of the increased application of the value-based approach as a best practice in these hospitals.

Recovery rates in 2006-07 in these top six hospitals were lower than in 2005-06. This change can be attributed to the mandatory reporting mechanism of RNR, which requires these hospitals to report every death in the ER or ICU even if they are not eligible for organ donation or are medically unsuitable for transplant.

Ultimately, the encouraging result is that the conversion rate is higher in these six hospitals in 2006-07 compared to 2005-06, as reflected in the 19% increase in number of donors from 89 to 106. The monthly representation of the performance indicators further substantiates ongoing improvement and helps to affirm that TGLN and its partner hospitals are on the right path to increasing organ donation rates in Ontario. Despite the promising improvements in these indicators, the HRR data also show areas for improvement for these large Ontario hospitals. Thus, TGLN will continue to support the work of these top six sites, but will also apply the success from these facilities to other facilities through sharing of best practice experiences and more structured collaborative work through improvement strategies.

Tissue Plan for Ontario

Currently, Ontario meets less than 10% of the provincial demand for tissue, producing and distributing about 3,600 grafts annually. Hospitals and dental clinics meet

Valerie Serba - Donor Mother

Val Serba's 25-year old son Michael died this past year, the victim of a senseless assault. His heart is still beating, however, in the body of another person whose life was saved by the donation of Michael's organs. That, for Val, has given some meaning to an otherwise unexplainable and unimaginable loss.

"I will always miss my Michael, but what better way to hold on to him than through organ donation? I take comfort in knowing that he helped several people with that final gift."

The gift of Michael's organs might very well never have happened. As he lay dying in hospital, Val was numb and absolutely stricken with grief – organ donation the farthest thing from her mind. That's when she was approached by TGLN Organ and Tissue Donation Coordinator, Cynthia Isenor. Without ever making Val feel pressured and without ever diminishing the tragedy that had occurred, Isenor helped Val come to a decision she will always be grateful for. *(continued on page 19)*

Val Serba speaks on behalf of donor families at a news conference at TGLN announcing record numbers of organ and tissue donations.

the remaining demand by purchasing tissue from other Canadian and American jurisdictions.

Responding to a Ministry of Health and Long-Term Care request, TGLN initiated a two-year project to study the ways in which the tissue donation system in Ontario might be restructured and improved.

The resulting strategy is based on extensive consultations with the Ontario tissue community. It includes creating regional tissue recovery teams, identifying hospitals in each region that can support tissue recovery and compensating them accordingly, and establishing one comprehensive tissue processing centre for the entire province.

The plan has been presented to the Ministry of Health and Long-Term Care.

Implementing the tissue plan remains one of TGLN's key organizational goals. Ontario's tissue infrastructure is fragmented and inefficiencies are evident throughout the tissue donation and banking process. The implementation of Routine Notification and Request has boosted tissue donation by more than 90%, and this dramatic increase has put significant new pressures on the tissue system and in the process made its deficiencies more evident. In response to the increase in tissue donations, TGLN hired two dedicated tissue coordinators to manage tissue cases referred to TGLN's Provincial Resource Centre.

Implementation of Communications Strategy to Increase Public Awareness and Education

Trillium Gift of Life Network's communications strategy focuses on getting Ontarians to take two simple steps: signing their donor cards and talking to their families. This choice of emphasis is informed by public opinion surveys indicating that while almost everyone in Ontario supports organ donation (93% by a 2006 Ipsos-Reid poll), only 60% of those surveyed had spoken to their families about their intentions, and just 53% carried documentation supporting their decision. The communications challenge then, is less to convince people of the value of donation and more to educate them to take the action

steps of signing their card, and most importantly speaking to their families.

In this section of the Annual Report, we describe the activities undertaken by Trillium Gift of Life Network in the 2006/07 fiscal year to bring that message home to the people of Ontario with the goal of improving the consent rate in the province.

The first key strategy launched by TGLN in 2006/07 was the Celebrity Awareness Poster Campaign. In this campaign, Trillium Gift of Life Network enlisted the support of more than 30 celebrities from Ontario, who agreed to have their pictures on a poster, indicating their support for organ donation and encouraging people to start the donation conversation. Celebrities who participated included hockey commentator Don Cherry, former Toronto Maple Leaf Captains Darryl Sittler, Rick Vaive and Wendel Clarke, actor Kiefer Sutherland, musicians Tom Cochrane, Shaye, opera singer Measha Brueggergosman, astronaut Roberta Bondar, Toronto Blue Jay outfielder Reed Johnson and media personalities including CTV's Lisa LaFlamme, Global TV's Anne Marie Mediwake, CHUM personalities Kevin Frankish and Marilyn Denis and The Women of CTV Ottawa.

Kitty Sayles (left), who is waiting for a double lung transplant, poses with opera singer Measha Brueggergosman at the launch of the celebrity poster campaign.

Posters have gone up across the province – in doctors' offices and hospitals, in newspaper supplements, Ministry of Transportation offices, on TGLN calendars, in drivers' license renewal form envelopes and on company intranets.

Valerie Serba – Donor Mother

(continued from page 18)

"Cynthia became Michael's advocate. She ensured he was treated with dignity and respect. If she had not been there – if she had not talked to me as she did – I would never have donated Michael's organs, and the world would, in a very small way, not be quite as good a place as it is now.

My son's heart is still beating. Others are alive because of him. That's why they call it the gift of life, and I am so grateful to Cynthia and the doctors and nurses who helped my son make that gift."

TGLN also redoubled its efforts this past year with respect to earned media. Earned media refers to media attention that is not purchased, like advertising, but is earned on its own merits. Making the right contacts and issuing effective news releases ensures coverage in the media.

This year's focus on earned media is best illustrated by the fact that media coverage rose sharply between the 2005/06 and 2006/07 fiscal years. The number of audience impressions generated by TGLN rose by 103% from year to year, reflecting 95% increases in coverage from both print and television news outlets, as well as a three-fold increase in audience exposure on radio. Over the same period, the equivalent advertising value of the Network's media coverage also rose by 47%, with ad value more than doubling on both radio (+123%) and television (+180%), while ad value from print sources increased by 15%.

Also, the tone of the Network's coverage was relatively favourable. Over the two-year sample period, nearly 12% of print coverage was positive, largely in relation to reports on increases in donation rates, as well as coverage of the donation after cardiac death announcement. Over 85% of media coverage was balanced and less than 1% of coverage was negative.

TGLN will continue to concentrate its efforts on earned media to increase awareness.

In January, the communications department supported the rollout of the expansion of Routine Notification and

Request. Local news releases were issued with the support of the public relations departments of the affected hospitals promoting their participation in RNR.

To supplement TGLN's earned media presence, a two-month paid advertising campaign was launched in February. The campaign included radio ads, bus shelter posters and subway ads in the Greater Toronto Area and video boards in Windsor and Hamilton. The paid advertising was concentrated heavily in the GTA to target the communities with lower consent rates. The campaign revolved around two messages directed to Ontarians:

"There might be one thing your family doesn't know about you. If you've signed your donor card, tell your family" and "Every 3 days someone dies waiting for an organ transplant - talk to your family today."

These messages highlighted the urgency of the need for more organ donors, and reinforced how critically important it is that people wishing to be donors communicate that wish to family members.

Religious Community Outreach

In 2006/07, Trillium Gift of Life Network continued its efforts to work with religious leaders of all faiths to bring the message of the importance of organ donation to their congregants.

In September, TGLN reached an agreement with the Toronto Board of Rabbis that a pamphlet and poster would be created and distributed at memorial services on the last day of Passover, showing the Toronto Board of Rabbis' support for organ donation. The two organizations also agreed to work together to provide education to children during their religious education in the year leading up to their Bar/Bat mitzvah.

In November, a Multi Faith Forum was held in London with religious and community leaders from Islamic, Anglican and Roman Catholic denominations. This forum provided an opportunity to share views and perspectives on organ and tissue donation. More forums like this will be held in other large centres around the province in the future.

Throughout the fall and spring, TGLN continued a focused outreach initiative in conjunction with the Roman Catholic Church. Building on existing support within the Catholic community, TGLN staff and volunteers presented to local parish priests and pastoral workers. TGLN will continue these outreach initiatives and develop new strategies to engage Ontario's 3.5 million Catholics, in the hopes of educating them about the church's support for donation.

Strengthening the Volunteer Program

It is important to note that TGLN could not do the public education and awareness work it needs to do without the help and support of hundreds of committed volunteers across the province. The volunteer effort is led by the Provincial Volunteer Committee (PVC), which is made up of 10 members who represent both donor families and recipients. Each member is an active volunteer in his or her own community. This past year, both the PVC and the Communications Committee of the TGLN Board of Directors recognized the need to build a stronger volunteer base by holding regional training sessions, and proactively seeking out new volunteers.

To that end, TGLN developed a volunteer training program. Staff traveled to eight different communities to present to new and established volunteers and to various community groups. The sessions were designed to:

- Provide updated information on organ and tissue donation
- Help demonstrate how information on organ and tissue donation can be presented to groups so that volunteers will feel more comfortable doing this themselves
- Brainstorm ideas for how particular communities can raise awareness
- Strengthen community groups and help introduce people to one another
- Raise the profile of TGLN across Ontario

TGLN was able to increase its volunteer base from 200 active participants in 2005/06 to 310 in 2006/07. These volunteers enabled TGLN to support increased activities in more communities around the province, resulting in over 200 community awareness events.

Workplace Partnerships

In addition to building the volunteer base, TGLN also had an active year with its Workplace Partners Program.

Workplace partnerships enable TGLN to work with employers to educate their employees on the importance of donation, and encourage them to pass that information on to clients and staff. The various tools that companies have at their disposal include articles in their company newsletters, education sessions, information on their company intranets and electronic banners promoting donation on company internet sites.

An excellent example of a workplace partnership took place in October between Maple Leaf Sports & Entertainment Limited (MLSE) and TGLN when Maple Leaf Sports announced a groundbreaking community partnership to educate employees and patrons on organ and tissue donation, while challenging other companies in Ontario to do the same.

Following that announcement , the Canadian Auto Workers, who have a total membership in excess of 250,000, put their support behind the promotion of organ donation. This past year, articles related to organ and tissue donation were delivered to 65,000 members, presentations were made at union halls and C.A.W donated office space in Windsor for one of TGLN's volunteer training sessions. Additionally, the General Motors Wellness guide, which is distributed to 80,000 GM employees and retirees, featured an article on donation.

The Ontario Secondary School Teachers Federation also included a 1200 word piece in its magazine (60,000 distribution) on donation featuring two TGLN volunteers who are both retired teachers. The Ontario Professional Fire Fighters Association has also agreed to join TGLN as a workplace partner, and the Ontario Federation of Labour (OFL) came on board as well. The OFL communicates to more than 700,000 members and their families across the province.

TGLN continued to work with and support our colleagues at The Kidney Foundation of Canada, Canadian Liver Foundation, Canadian Blood Services and the Canadian Cystic Fibrosis Foundation to reach more Ontarians to raise awareness for organ and tissue donation.

National Organ and Tissue Donation Awareness Week (NOTDAW)

The 2006 National Organ and Tissue Donation Awareness Week (NOTDAW) took place April 24th to 30th.

TGLN Produces Tissue Video for Health Care Providers

Ontario is only able to meet 10 percent of its need for transplanted tissue. That is the stark reality facing patients in this province whose lives could be saved or improved immeasurably with transplanted eyes (corneas) heart valves, skin or bones. Trillium Gift of Life Network is working with health care providers to improve that number, and to that end has produced a video called "Providing The Option At End Of Life." The video is designed to support health care providers in doing exactly what the title suggests – provide an option.

Janice Beitel is a Professional Practice Leader at TGLN, who leads the development of healthcare professional education tools for the province and helped produce the video. She says the main goal of the video is to help providers get more comfortable with the understandably difficult task of asking grieving families to agree to donate their loved ones' tissue. "Of course it's a hard thing to ask," she says. "But, if you ask, you are providing families with the opportunity to donate, and to save lives. If you do not ask, you are essentially making the decision for them not to donate, and not to save lives."

The video recreates an all too common scenario – a patient dying, a grieving family, and a provider agonizing about how to bring up the subject of donation. The realistic interaction and conversations depicted provide an extremely useful guide for providers who will one day have to face this heart-wrenching situation. Interwoven throughout the video are testimonials from and about people who have benefited from tissue transplant, like an adult woman who would have spent her life totally blind had she not received a cornea transplant at the age of six months. Lisa MacIsaac hosts the video. She is a Tissue Donation Advisor at TGLN, and says if providers can be supported in asking families about tissue donation, then donation rates are certain to rise. "Studies have shown that in most cases, families are actually grateful to be asked. It offers them a choice when they might otherwise not have had one, and it gives them an opportunity to see their loved ones live on in a sense, by giving health and happiness to others."

A committee was established in 2005 to ensure the coordination of events across the province and to maximize regional media opportunities during the week. 2006 marked the first year The Kidney Foundation of Canada and TGLN worked collaboratively to promote Living Green Ribbon events around the province. These events were successfully organized in the following 10 communities: Chatham, Hamilton, Kingston, Kitchener, London, Ottawa, Sarnia, Thunder Bay, Toronto and Windsor.

Other TGLN NOTDAW events included co-sponsoring a major conference with the University Health Network, entitled *"Organ Donation Crisis in Ontario: Finding Solutions"*, as well as various celebrations to honour living and deceased donors, balloon releases, and awareness activities at sporting events. In addition, Donor and Recipient Quilts were on display in both London and at Queen's Park in Toronto. Photo albums accompanied the quilts and described the recipients' and donors' stories. TGLN was pleased to support the event at Queen's Park, which saw politicians and other special guests in attendance. Finally, TGLN used NOTDAW to launch the Gift of Life license plate, which is available through the Ministry of Transportation.

Deceased Organ Donation Funding to Hospitals

In March 2006, the Ministry of Health and Long-Term Care transferred to TGLN responsibility for disbursing funding to hospitals based on deceased organ donation activity levels in accordance with the Ministry's approved funding methodology and rate. Deceased organ donation funding to hospitals is provided in recognition of the hospitals' direct costs incurred in supporting the deceased organ donation process and is not dependent on the outcome of the request for consent.

The donation process for this funding is divided into three phases - consent, medical testing and organ recovery. Hospitals are eligible to receive funding for participating in any one of the three phases and can receive up to $6,000 per case for participating in the full process of deceased organ donation. A more detailed description of the funding methodology is included in Appendix 2.

Deceased organ donation activity levels in 2006/07 required a total funding of $1,279,750 to 39 hospitals across Ontario. TGLN staff worked with hospitals to support a total of 289 approaches to donor families; 218 cases of medical testing to determine organ suitability for transplantation; and 191 cases when organ recovery occurred.

Workplace Partnerships

Organ and tissue donation is a vital issue that affects all Canadians. It is responsible for saving and giving back the quality of life to thousands of people each year. As leaders in the community, Maple Leaf Sports & Entertainment supports the efforts of Trillium Gift of Life Network in raising awareness, educating the public about the importance of signing the donor card and sharing the decision with one's family.

Richard Peddie,
President & CEO Maple Leaf
Sports &Entertainment

Pictured here are: Darryl Sittler, former Leafs Captain, Brandon Gibson (waiting for a double lung transplant), Heather Bishop (heart recipient). Richard Peddie, President and CEO Maple Leaf Sports and Entertainment and Frank Markel, President and CEO TGLN.

Appendix I

Organ and Tissue Donation Statistics

Patients who Received Deceased Donor Organ Transplants in Ontario

	Kidney	Kidney Pancreas	Pancreas	Liver	Small Bowel	Heart	Lung	Heart-Lung	Liver Kidney	Liver Bowel	Total
2006-07	266	24	6	160	2	71	91	4	1	3	628
2005-06	251	30	4	167	2	80	71	3			608
2004-05	211	16	4	151	1	50	69	2			504
2003-04	182	14	6	163	3	57	48	1			474
2002-03	184	23	5	145	1	58	59	2			477

Waiting Lists for Organ Transplants at March 31, 2007

	Kidney	Kidney Pancreas	Pancreas	Liver	Heart	Lung	Heart-Lung	Small Bowel	TOTAL
2006 – 2007	1161	47	33	407	42	52	4	1	1747
2005 – 2006	1204	57	25	409	33	45	3	6	1782
2004 – 2005	1346	39	17	430	53	34	1		1920
2003 – 2004	1302	44	10	323	47	55	4		1785
2002 – 2003	1393	39	1	324	43	30	4		1834

Living Kidney Transplants as a Percentage of Total Kidney Transplants in Ontario

	2002-2003	2003-2004	2004-2005	2005-2006	2006-2007
Total Kidney Transplants from Living & Deceased Donors	359	347	393	453	478
Total Kidney Transplants from Living Donors	175	165	182	202	212
% of Kidney Transplants from Living Donors	48.75%	47.6%	46.3%	44.59%	44.40%

Living Liver Transplants as a Percentage of Total Liver Transplants in Ontario

	2002-2003	2003-2004	2004-2005	2005-2006	2006-2007
Total Liver Transplants from Living & Deceased Donors	174	194	192	212	217
Total Liver Transplants from Living Donors	29	31	41	45	57
% of Liver Transplants from Living Donors	16.6%	16.0%	21.3%	21.22%	26.30%

Appendix II

Organ Exports/Imports from Deceased Donors

	2006/2007				
Organ	Exports	Imports (Total)	Imports (US)	Imports (Can)	Imports-Exports
Kidney	2	9	1	8	7
Liver	18	22	1	21	4
Lung	4	62	22	40	58
Heart	10	33	14	19	23
Pancreas	0	0	0	0	0
Small Bowel	0	1	0	1	1
TOTAL	**34**	**127**	**38**	**89**	**93**

	2005/2006					Imp/Exp Variance
Organ	Exports	Imports (Total)	Imports (US)	Imports (Can)	Imports-Exports	
Kidney	1	2	0	2	1	6
Liver	7	36	0	36	29	-25
Lung	4	57	11	46	53	5
Heart	2	39	19	20	37	-14
Pancreas	2	1	0	1	-1	1
Small Bowel	0	2	0	2	2	-1
TOTAL	**16**	**137**	**30**	**107**	**121**	**-28**

Appendix III

Deceased Organ Donors by Region and Hospital

Region	Hospital	2004/05	2005/06	2006/07
Central/GTA	Hospital for Sick Children	1	5	4
Central/GTA	St. Michael's Hospital	18	11	13
Central/GTA	Sunnybrook and Women's College	8	12	18
Central/GTA	Trillium Health Centre	14	8	6
Central/GTA	University Health Network	6	16	13
Central/GTA	Central/GTA Community Hospitals	15	20	24
Central/GTA Total		**62**	**72**	**78**
East	Children's Hospital Of Eastern Ontario	0	1	1
East	Kingston General Hospital	9	9	8
East	The Ottawa Hospital	17	22	13
East	Eastern Community Hospitals	1	1	1
East Total		**27**	**33**	**23**
North	Sudbury Regional Hospital	8	4	5
North	Thunder Bay Regional Hospital	4	4	5
North	Northern Community Hospitals	3	0	1
North Total		**15**	**8**	**11**
Southwest	Hamilton Health Sciences Centre	15	18	27
Southwest	Hotel Dieu Grace Hospital (Windsor)	4	7	6
Southwest	London Health Sciences Centre	14	26	28
Southwest	Southwestern Community Hospitals	5	5	11
Southwest Total		**38**	**56**	**72**
Grand Total		**142**	**169**	**184**

Appendix IV

Hospital Referrals and Donors - Tier 1 and All

Hospitals	Tier1		All	
	2006/07	2005/06	2006/07	2005/06
# of Referrals	7256	3456	7665	3981
# of Tissue Donors	845	661	1006	806
# of Organ Donors	160*	158*	184	169

* Based on referral hospitals.

Appendix V

Organ Donors from Ontario and Out-of-Province

Type of Donor	2004/05	2005/06	2006/07
Deceased Donors from Ontario	142	169	184
Living Donors from Ontario	223	249	269
All Ontario Donors	**365**	**418**	**453**
Donors from Other Canadian Provinces	49	64	61
Donors from the US	10	26	26
All Out-of-Province Donors	**59**	**90**	**87**

Appendix VI

Organ Transplants

Organ Transplants	2004/05	2005/06	2006/07
Kidney from deceased donors	212	251	266
Kidney from living donors	182	204	212
Pancreas	4	4	6
Kidney/Pancreas	15	30	24
Liver from deceased donors	151	167	160
Liver from living donors	41	45	57
Heart	50	80	71
Lung	69	71	91
Heart/Lung	2	3	4
Small Bowel	1	2	2
Total	**727**	**857**	**893**

Appendix VII

Waiting Lists

Waiting List	March 31, 2005	March 31, 2006	March 31, 2007
Kidney	1,566	1,455	1,226
Pancreas	16	23	32
Kidney/Pancreas	93	75	52
Liver	360	347	387
Heart	37	29	40
Lung	33	44	51
Heart/Lung	4	3	4
Small Bowel	2	5	3
Total	**2,111**	**1,981**	**1,795**

Financial Statements

Trillium Gift of Life Network

March 31, 2007

AUDITORS' REPORT

To the Members of
Trillium Gift of Life Network

We have audited the statement of financial position of **Trillium Gift of Life Network** [the "Network"] as at March 31, 2007 and the statements of operations, changes in fund balances and cash flows for the year then ended. These financial statements are the responsibility of the Network's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the Network as at March 31, 2007 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Ernst & Young LLP

Toronto, Canada,
May 23, 2007.

Chartered Accountants
Licensed Public Accountants

Trillium Gift of Life Network

STATEMENT OF FINANCIAL POSITION

As at March 31

	2007 $	2006 $
ASSETS		
Current		
Cash	**2,341,818**	371,013
Short-term investment	**—**	600,000
GST recoverable	**92,496**	142,768
Other receivables	**3,466**	493,696
Prepaid expenses	**16,936**	43,337
Total current assets	**2,454,716**	1,650,814
Capital assets, net *[note 3]*	**1,347,258**	1,655,069
	3,801,974	3,305,883
LIABILITIES AND NET ASSETS		
Current		
Accounts payable and accrued liabilities	**1,988,746**	1,421,740
Deferred contributions	**336,681**	81,950
Total current liabilities	**2,325,427**	1,503,690
Deferred funding for capital assets *[note 4]*	**1,302,158**	1,682,628
Total liabilities	**3,627,585**	3,186,318
Commitments and contingencies *[notes 8, 9 and 10]*		
Net assets		
Unrestricted *[note 7]*	**70,125**	53,647
Board restricted *[note 5]*	**104,264**	65,918
Total net assets	**174,389**	119,565
	3,801,974	3,305,883

See accompanying notes

On behalf of the Board:

Director

Director

Trillium Gift of Life Network

STATEMENT OF OPERATIONS

Year ended March 31

	2007 $	2006 $
REVENUE		
Ontario Ministry of Health and Long-Term Care		
- Operations *[note 9]*	**10,902,823**	10,723,228
- Deceased Organ Donation Management	**2,560,400**	—
- Performance Improvement Fund Project	**20,999**	—
Amortization of deferred funding for capital assets *[note 4]*	**302,366**	188,090
Donations *[note 5]*	**63,247**	41,814
Interest income	**16,477**	28,887
	13,866,312	10,982,019
EXPENSES		
Salaries and employee benefits *[note 6]*	**7,354,262**	6,990,754
Communications	**1,272,167**	1,267,244
General and administrative	**751,100**	1,156,250
Information systems	**542,019**	360,431
Medical supplies and testing	**556,141**	477,410
Office rent and maintenance	**402,616**	379,347
Amortization of capital assets	**326,884**	199,322
Community projects *[note 5]*	**24,900**	45,866
Moving and reconfiguration	**—**	80,560
Performance Improvement Fund Project	**20,999**	—
Deceased Organ Donation Management	**2,560,400**	—
	13,811,488	10,957,184
Excess of revenue over expenses for the year	**54,824**	24,835

See accompanying notes

Trillium Gift of Life Network

STATEMENT OF CHANGES IN FUND BALANCES

Year ended March 31

	2007		
	Unrestricted $	Board restricted $	Total $
	[note 7]		
Net assets, beginning of year	**53,647**	**65,918**	**119,565**
Excess of revenue over expenses for the year	**54,824**	—	**54,824**
Interfund transfer, net *[note 5]*	**(38,346)**	**38,346**	—
Net assets, end of year	**70,125**	**104,264**	**174,389**

	2006		
	Unrestricted $	Board restricted $	Total $
	[note 7]		
Net assets, beginning of year	24,760	69,970	94,730
Excess of revenue over expenses for the year	24,835	—	24,835
Interfund transfer, net *[note 5]*	4,052	(4,052)	—
Net assets, end of year	53,647	65,918	119,565

See accompanying notes

Trillium Gift of Life Network

STATEMENT OF CASH FLOWS

Year ended March 31

	2007 $	2006 $
OPERATING ACTIVITIES		
Excess of revenue over expenses for the year	**54,824**	24,835
Add (deduct) items not involving cash		
Amortization of capital assets	**326,884**	199,322
Amortization of deferred funding for capital assets	**(302,366)**	(188,090)
Deferred capital contributions recognized as revenue	**(78,104)**	—
	1,238	36,067
Changes in non-cash working capital balances related to operations		
GST recoverable	**50,272**	(371)
Other receivables	**490,230**	(493,696)
Prepaid expenses	**26,401**	(36,693)
Accounts payable and accrued liabilities	**567,006**	165,397
Deferred contributions	**254,731**	(758,798)
Cash provided by (used in) operating activities	**1,389,878**	(1,088,094)
INVESTING ACTIVITIES		
Redemption of short-term investment	**600,000**	400,000
Acquisition of capital assets	**(19,073)**	(946,745)
Cash provided by (used in) investing activities	**580,927**	(546,745)
FINANCING ACTIVITIES		
Contributions received for capital purposes	—	746,910
Cash provided by (used in) financing activities	—	746,910
Net increase (decrease) in cash during the year	**1,970,805**	(887,929)
Cash, beginning of year	**371,013**	1,258,942
Cash, end of year	**2,341,818**	371,013

See accompanying notes

Trillium Gift of Life Network

NOTES TO FINANCIAL STATEMENTS

March 31, 2007

1. PURPOSE OF THE ORGANIZATION

Trillium Gift of Life Network [the "Network"] is a non-share capital corporation created in 2001, under the Trillium Gift of Life Network Act [formerly The Human Tissue Gift Act]. The Network has been established to enable every Ontario resident to make an informed decision to donate organs and tissue, to support healthcare professionals in implementing their wishes, and to maximize organ and tissue donation in Ontario through education, research, service and support.

The Network became operational on April 1, 2002, to assume the functions of the former Organ Donation Ontario, as well as to adopt additional responsibilities associated with the Network's mandate.

As a not-for-profit organization registered as a charity under the Income Tax Act (Canada) [the "Act"], the Network is exempt from income taxes. In order to maintain its status as an organization registered under the Act, the Network must meet certain requirements within the Act. In the opinion of management, these requirements have been met.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

These financial statements have been prepared by management in accordance with Canadian generally accepted accounting principles. The significant accounting policies followed in the preparation of these financial statements are summarized as follows:

Revenue recognition

The Network follows the deferral method of accounting for contributions. Unrestricted contributions are recognized as revenue when received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured. Externally restricted contributions are recognized as revenue in the year in which the related expenses are incurred.

Investments

Investments are recorded at market value.

NOTES TO FINANCIAL STATEMENTS

March 31, 2007

Capital assets

Capital assets are recorded at cost less accumulated amortization. Contributed capital assets are recorded at market value at the date of contribution. Amortization is provided on a straight-line basis, at annual rates based on the estimated useful lives of the assets as follows:

Furniture	5 years
Leasehold improvements	over term of lease
Equipment	3 years
Computer equipment	3 years
Computer software	5 years

Deferred funding for capital assets

Capital contribution funding and leasehold inducements received for the purposes of acquiring depreciable capital assets are deferred and amortized on the same basis, and over the same periods, as the amortization of the related capital assets.

Employee benefit plan

Contributions to a multi-employer defined benefit pension plan are expensed when due.

Contributed materials and services

Contributed materials and services are not reflected in these financial statements.

Use of estimates

The preparation of financial statements in accordance with Canadian generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingencies at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

3. CAPITAL ASSETS

Capital assets consist of the following:

	2007		
	Cost $	Accumulated amortization $	Net book value $
Furniture	**261,534**	**179,301**	**82,233**
Leasehold improvements	**610,516**	**55,964**	**554,552**
Equipment	**65,629**	**31,526**	**34,103**
Computer equipment	**167,597**	**150,890**	**16,707**
Computer software	**842,122**	**182,459**	**659,663**
	1,947,398	**600,140**	**1,347,258**

	2006		
	Cost $	Accumulated amortization $	Net book value $
Furniture	260,105	127,138	132,967
Leasehold improvements	596,739	—	596,739
Equipment	61,764	10,294	51,470
Computer equipment	167,596	121,789	45,807
Computer software	842,121	14,035	828,086
	1,928,325	273,256	1,655,069

The continuity of the net book value of capital assets is as follows:

	2007 $	2006 $
Balance, beginning of year	**1,655,069**	907,646
Purchase of capital assets funded by deferred funding for capital assets	**—**	856,717
Purchase of capital assets internally funded	**19,073**	90,028
Amortization of capital assets	**(326,884)**	(199,322)
Balance, end of year	**1,347,258**	1,655,069

4. DEFERRED FUNDING FOR CAPITAL ASSETS

Deferred funding for capital assets represents the unamortized amount of grants received and leasehold inducements received for the purchase of capital assets. The annual amortization of deferred funding for capital assets is recorded as revenue in the statement of operations and is equivalent to the amortization of the applicable capital assets. The changes in the deferred funding for capital assets balance are as follows:

	2007 $	2006 $
Balance, beginning of year	**1,682,628**	1,123,808
Add contributions restricted for capital expenditures *[note 3]*	—	746,910
Less amortization of deferred funding for capital assets	**(302,366)**	(188,090)
Less amount recognized as Ontario Ministry of Health and Long-Term Care revenue	**(78,104)**	—
Balance, end of year	**1,302,158**	1,682,628

As at March 31, 2007, there was $28,251 [2006 - $106,355] of unspent grants included in deferred funding for capital assets.

5. INTERFUND TRANSFER

Board restricted net assets are used to further public education and research in the field of organ and tissue donation, including community based projects.

During the year, the Board of Directors has approved the transfer of $63,247 [2006 - $41,814] of donations received during the year from unrestricted net assets to Board restricted net assets. In addition, the Board of Directors has approved the funding of special projects during the year from the Board restricted net assets in the amount of $24,900 [2006 - $45,866] for a net transfer from Board restricted net assets to unrestricted net assets of $38,346 [2006 - from unrestricted net assets to Board restricted net assets of $4,052].

6. EMPLOYEE BENEFIT PLAN

Substantially all of the employees of the Network are eligible to be members of the Hospitals of Ontario Pension Plan ["HOOPP"], which is a multi-employer, defined benefit, final average earnings, contributory pension plan. HOOPP is accounted for as a defined contribution plan. The Network's contributions made to HOOPP during the year amounted to $472,374 [2006 - $450,353] and are included in salaries and employee benefits in the statement of operations. The most recent regulatory funding valuation conducted as at December 31, 2005 disclosed actuarial assets of $22,853 million with accrued pension liabilities of $23,419 million, resulting in a deficit of $566 million. This funding valuation also confirmed that the Plan is fully funded on a solvency basis.

NOTES TO FINANCIAL STATEMENTS

March 31, 2007

7. UNRESTRICTED NET ASSETS

[a] The continuity of the components of unrestricted net assets is as follows:

	2007			2006
	Invested in capital assets $	Surplus (deficit) $	Total $	Total $
	[note 7[b]]			
Balance, beginning of year	**78,796**	**(25,149)**	**53,647**	24,760
Excess of revenue over expenses for the year	—	**54,824**	**54,824**	24,835
Net change in invested in capital assets *[note 7[c]]*	**(5,445)**	**5,445**	—	—
Interfund transfer *[note 5]*	—	**(38,346)**	**(38,346)**	4,052
Balance, end of year	**73,351**	**(3,226)**	**70,125**	53,647

[b] Invested in capital assets is calculated as follows:

	2007 $	2006 $
Capital assets, net	**1,347,258**	1,655,069
Amounts funded by deferred funding for capital assets *[note 4]*	**(1,273,907)**	(1,576,273)
	73,351	78,796

[c] The net change in invested in capital assets is calculated as follows:

	2007 $	2006 $
Purchase of capital assets internally funded *[note 3]*	**19,073**	90,028
Amortization of capital assets	**(326,884)**	(199,322)
Amortization of deferred funding for capital assets	**302,366**	188,090
	(5,445)	78,796

NOTES TO FINANCIAL STATEMENTS

March 31, 2007

8. LEASE COMMITMENTS

Future minimum annual payments over the next five years under operating leases for equipment and premises, excluding operating costs, are as follows:

	$
2008	383,098
2009	237,303
2010	194,873
2011	189,497
2012	189,497

9. ONTARIO MINISTRY OF HEALTH AND LONG-TERM CARE

The operations of the Network are funded primarily by the Ontario Ministry of Health and Long-Term Care [the "Ministry"]. These financial statements reflect agreed-upon funding arrangements approved by the Ministry with respect to the year ended March 31, 2007. The total funding for each fiscal year is not finalized until the Ministry has reviewed the financial statements for that particular year. The Network considers that the amounts recorded reflect all proper adjustments. Adjustments resulting from the Ministry's review, if any, will be reflected in the statement of operations in the following year.

10. CONTINGENCY

With respect to an outstanding claim as at March 31, 2007, it is management's position that the Network has valid defenses and appropriate insurance coverage in place. In the unlikely event that the claim is successful, the claim is not expected to have a material effect on the Network's financial position.

Appendix IX

Board of Directors as at March 31, 2007

Board of Directors	Appointed	Term Expires
Dr. Andrew Baker	March 5, 2001	December 4, 2007
Rabbi Dr. Reuven P. Bulka	December 1, 2004	November 30, 2008
Ms. Diane Craig	December 8, 2004	December 7, 2007
Mr. Brian M. Flood	March 5, 2001	December 4, 2008
Dr. David Grant	March 5, 2001	June 4, 2007
Dr. Diane Hebert	December 1, 2004	November 30, 2008
Ms. May Ye Lee	December 8, 2004	December 7, 2008
Ms. Bernadette MacDonald	December 8, 2004	June 7, 2008
Mr. Arun K. Mathur, CA	December 8, 2004	December 7, 2008
Ms. Victoria L. Kaminski	December 6, 2006	December 6, 2008
Dr. Miriam Frances Rossi	December 1, 2004	November 30, 2007
Ms. Sue Wilson, ***Chair – Board of Directors***	March 5, 2001	June 4, 2007

Appendix X

TGLN Management Group as of March 31, 2007

Dr. Frank Markel, *President and Chief Executive Officer*

Chief Medical Officers (rotating) Dr. Andrew Baker, Dr. Minto Jain, Dr. Andrew Pagliarello, and Dr. Michael Sharpe

Versha Prakash, *Vice-President, Operations*

Mark Vimr, *Vice-President, Hospital and Professional Services and Chief Nursing Officer*

Fides Coloma, *Executive Lead, Policy, Planning and Quality Improvement*

Clare Payne, *Clinical Leader*

Greg Kalyta, *Director, Information Services*

Deborah Lanktree, *Director, Finance and Administration*

Frances Reinholdt, *Director, Hospital Programs, GTA Region*

Scott Skinner, Director, *Hospital Programs, Greater Ontario Region*

Charles A. Smith, *Director, Provincial Resource Centre*

Jennifer Tracey, *Director, Public Affairs and Communications*

Janice Beitel, *Professional Practice Leader*

Lisa MacIssac, *Provincial Tissue Advisor*

Organ and Tissue Donation Coordinators (OTDCs)

Pam Andler, *RN, BScN, Sudbury Regional Hospital*

Jennifer Berry, *RN, Hospital for Sick Children, Toronto*

Ida Bevilacqua, *RN, BScN, Trillium Health Centre, Mississauga*

Nicola Colaco, *RN, Community Hospital Coordinator, Toronto*

Stephanie Currie-McCarragher, *RN, Children's Hospital of Eastern Ontario and Ottawa Region*

Nancy Glover, *RN, BScN, Hamilton – Niagara Region*

Diana Harris, *RN, University Health Network, Toronto*

Gail-Anne Harris, *RN, BScN, Kingston General Hospital*

Nancy Hemrica, *RN, Hamilton Health Sciences Centre*

Tracie Howson, *RN, Hotel Dieu General Hospital, Windsor*

Cynthia Isenor, *RN, BScN, St. Michael's Hospital, Toronto*

Stacey Jewett, *RN, BScN, Sunnybrook Hospital, Toronto*

Anne Lester, *RN, The Ottawa Hospital*

Rekha Persaud, *RN, Community Hospital Coordinator, Toronto*

Sandra Petzel, *RN, Thunder Bay Regional Health Sciences Centre*

Catharine Ritter, *RN, Community Hospital Coordinator, Central Ontario Region*

Barbara Van Rassel, *RN, London Health Sciences Centre*

Judy Wells, *RN, Waterloo – Wellington Region*

Robin Zander, *RN, Trillium Health Centre*

Provincial Resource Centre Coordinators

Stephanie Adams, *RN, Clinical Services Coordinator*

Brenda Bowles, *RN, Clinical Services Coordinator*

Lorrie Campbell, *RN, Clinical Services Coordinator*

Sabrina Chung, *RN, BScN, Clinical Services*

David Colpitts, *BSc, M.Div, Senior Clinical Services Coordinator*

Diana Hallett, *RN, BScN, Clinical Services Coordinator*

Joleen Hammond, *RN, Clinical Services Coordinator*

Connie Kennedy, *RN, Clinical Services Coordinator*

Susan Lavery, *RN, BScN, Clinical Services Coordinator*

Victoria Leist, *RN, Senior Clinical Services Coordinator*

Marsha McDonald, *RN, Clinical Services Coordinator*

Dariana Paraschiv, *RN, Clinical Services Coordinator*

Nicola Stewart, *RN, Clinical Services Coordinator*

Appendix XI

Tier 1 Hospitals

Children's Hospital of Eastern Ontario
Grand River Hospital
Hamilton Health Sciences Centre (3 sites)
Hopital Regional de Sudbury Regional Hospital
Hospital for Sick Children
Hotel Dieu Grace Hospital
Kingston General Hospital
Lakeridge Health Sciences, Oshawa site
London Health Sciences Centre (3 sites)
Niagara Health System
Ottawa Hospital (2 sites)
Royal Victoria Hospital
St. Mary's General Hospital
St. Michael's Hospital
Sunnybrook & Women's College
The Scarborough Hospital
Thunder Bay Regional Health Sciences Centre
Trillium Health Centre
UHN-Toronto Western, Toronto General
William Osler Health Centre
York Central Hospital

Appendix XII

A Facilities: Hospitals with Trauma & Neurological Services

Children's Hospital of Eastern Ontario
Hamilton Health Sciences Centre (3 sites)
Hopital Regional de Sudbury Regional Hospital
Hospital for Sick Children
Hotel Dieu Grace Hospital
Kingston General Hospital
London Health Sciences Centre (3 sites)
Ottawa Hospital (2 sites)
St. Michael's Hospital
Sunnybrook & Women's College
Thunder Bay Regional Health Sciences Centre
Trillium Health Centre
UHN-Toronto Western, Toronto General

Appendix XIII

B Facilities: Non-A. Hospitals which can Facilitate Organ Donation process

Bluewater Health-Sarnia General
Brantford General Hospital
Brockville General Hospital
Cambridge Memorial Hospital
Campbellford Memorial Hospital
Collingwood General & Marine Hospital
Cornwall General Hospital
Credit Valley Hospital
Dryden Regional Health Centre
Grand River Hospital Corp
Grey Bruce Health Services- Owen Sound
Guelph General Hospital
Halton Health Care-Oakville Site
Hawkesbury & District General Hospital
Headwaters Health Care
Hopital Montfort
Hotel Dieu Hospital
Hotel Dieu Hospital
Humber River Regional- Humber Memorial
Humber River Regional-York-Finch
Huntsville District Memorial Hospital
Huronia District Hospital
Joseph Brant Memorial Hospital
Kirkland Lake & District Hospital
Lake of The Woods
Lakeridge Health Care Corp-Bowmanville Site
Lakeridge Health Care Corp-Oshawa Site
Leamington District Memorial

Appendix XIII continued

B Facilities: Non-A. Hospitals which can Facilitate Organ Donation process

Lennox & Addington County General
Markham-Stouffville
Mt. Sinai Hospital
Niagara Health System - Greater Niagara Site
Niagara Health System - St. Catherine's General
Niagara Health System - Welland
Niagara Health System- Port Colborne
Norfolk General Hospital
North Bay General Hospital: Civic/St. Joseph
North York General
Northumberland Health Care Corp
Peterborough Regional Health Centre
Public General Hospital Society
Queensway Carleton Hospital
Quinte Health Care Corporation- Belleville Site
Quinte Health Care Corporation- Trenton Site
Riverside Health Care Facilities
Ross Memorial Hospital
Rouge Valley Health System-Ajax-Pickering
Rouge Valley Health System-Centenary
Royal Victoria Hospital
Sault Ste Marie Area Hospital
Scarborough Hospital-General Division
Scarborough Hospital-Grace Division
Soldier's Memorial Hospital
Southlake Regional
St Thomas Elgin General Hospital
St. Joseph's General Hospital
St. Joseph's Health Care
St. Joseph's Health Care System
St. Joseph's Health Centre
St. Mary's Hospitala
Stratford General Hospital
Strathroy Middlesex General Hospital
Sydenham District Hospital
Tillsonburg District Hospital
Timmins & District Hospital
Toronto East General
University of Ottawa Heart Institute
West Lincoln Memorial Hospital
West Nipissing General Hospital
West Parry Sound Health Centre
William Osler Health Centre- Etobicoke General
William Osler Health Centre- Peel Memorial
Windsor Regional Hospital- Metropolitan Site
Woodstock General Hospital
York Central

Appendix XIV

Deceased Organ Donation Funding (for the period of April 1, 2006 - March 31, 2007)

Hospital	Phase 1		Phase 2		Phase 3		Total
	# of Cases	Amount	# of Cases	Amount	# of Cases	Amount	Funding
Tier 1 Hospitals							
Royal Victoria Hospital	3	$2,400	3	$6,150	2	$6,300	$14,850
York Central Hospital	9	$7,200	4	$8,200	2	$6,300	$21,700
Lakeridge Health Corporation - Oshawa Site	2	$1,600	2	$4,100	0	$0	$5,700
Kingston General Hospital	9	$7,200	8	$16,400	8	$25,200	$48,800
Children's Hospital of Eastern Ontario	1	$800	1	$2,050	1	$3,150	$6,000
The Ottawa Hospital	**21**	**$16,800**	**18**	**$36,900**	**15**	**$47,250**	**$100,950**
Ottawa Hospital Civic Campus	15	$12,000	13	$26,650	11	$34,650	$73,300
Ottawa General Campus	5	$4,000	4	$8,200	4	$12,600	$24,800
Ottawa Heart Institute	1	$800	1	$2,050	0	$0	$2,850
Hamilton Health Sciences Centre	**34**	**$27,200**	**29**	**$59,450**	**27**	**$85,050**	**$171,700**
Hamilton General Hospital	27	$21,600	23	$47,150	22	$69,300	$138,050
McMaster University Medical Centre	4	$3,200	4	$8,200	5	$15,750	$27,150
Henderson Site	1	$800	1	$2,050	0	$0	$2,850
Chedoke Site	2	$1,600	1	$2,050	0	$0	$3,650
London Health Sciences Centre	**35**	**$28,000**	**32**	**$65,600**	**28**	**$88,200**	**$181,800**
Children's Hospital of Western Ontario	0	$0	0	$0	0	$0	$0
University Hospital	22	$17,600	19	$38,950	18	$56,700	$113,250
Victoria Hospital	13	$10,400	13	$26,650	10	$31,500	$68,550
Hotel Dieu Grace Windsor	11	$8,800	9	$18,450	8	$25,200	$52,450
Grand River Hospital	6	$4,800	4	$8,200	4	$12,600	$25,600
St. Mary's General Hospital	5	$4,000	4	$8,200	3	$9,450	$21,650
Hospital for Sick Children	8	$6,400	5	$10,250	4	$12,600	$29,250
St. Michael's Hospital	23	$18,400	17	$34,850	18	$56,700	$109,950
Sunnybrook Health Sciences Centre	34	$27,200	19	$38,950	17	$53,550	$119,700
The Scarborough Hospital	**4**	**$3,200**	**3**	**$6,150**	**2**	**$6,300**	**$15,650**
Scarborough Grace Division	3	$2,400	3	$6,150	2	$6,300	$14,850
Scarborough General	1	$800	0	$0	0	$0	$800
University Health Network	**21**	**$16,800**	**17**	**$34,850**	**18**	**$56,700**	**$108,350**
Toronto General Hospital	3	$2,400	2	$4,100	5	$15,750	$22,250
Toronto Western Hospital	18	$14,400	15	$30,750	13	$40,950	$86,100
William Osler Health Centre	**6**	**$4,800**	**4**	**$8,200**	**3**	**$9,450**	**$22,450**
Williams Osler - Peel Memorial Campus	5	$4,000	3	$6,150	2	$6,300	$16,450
Williams Osler - Etobicoke Hospital	1	$800	1	$2,050	1	$3,150	$6,000
Trillium Health Centre - Mississauga Site	10	$8,000	6	$12,300	6	$18,900	$39,200
Sudbury Regional Hospital	7	$5,600	6	$12,300	6	$18,900	$36,800
Thunder Bay Regional Hospital	7	$5,600	6	$12,300	5	$15,750	$33,650

Appendix XIV continued

Deceased Organ Donation Funding (for the period of April 1, 2006 - March 31, 2007)

Hospital	Phase 1		Phase 2		Phase 3		Total
	# of Cases	Amount	# of Cases	Amount	# of Cases	Amount	Funding
Tier 2 Hospitals							
Southlake Regional Health Centre	6	$4,800	5	$10,250	4	$12,600	$27,650
Rouge Valley Health System - Ajax Site	2	$1,600	2	$4,100	2	$6,300	$12,000
Peterborough Regional Health Centre	1	$800	1	$2,050	1	$3,150	$6,000
Markham-Stouffville Hospital	2	$1,600	1	$2,050	0	$0	$3,650
Quinte Healthcare Corporation	1	$800	0	$0	0	$0	$800
Guelph General Hospital	2	$1,600	2		2	$6,300	$7,900
Humber River Regional Hospital	**6**	**$4,800**	**2**	**$4,100**	**0**	**$0**	**$8,900**
Humber - York Finch	3	$2,400	2	$4,100	0	$0	$6,500
Humber -Church Street Site	2	$1,600	0	$0	0	$0	$1,600
Humber - Etobicoke Site	1	$800	0	$0	0	$0	$800
Mt. Sinai Hospital	1	$800	1	$2,050	0	$0	$2,850
Soldiers' Memorial Hospital	1	$800	0	$0	0	$0	$800
Windsor Regional Hosp -Metropolitan Campus	1	$800	0	$0	0	$0	$800
Credit Valley Hospital	1	$800	0	$0	0	$0	$800
Huronia District Hospital	1	$800	0	$0	0	$0	$800
Oakville Trafalgar Memorial Hospital	1	$800	1	$2,050	0	$0	$2,850
Toronto East General Hospital	3	$2,400	2	$4,100	2	$6,300	$12,800
Grey Bruce Health Services - Owen Sound	1	$800	1	$2,050	1	$3,150	$6,000
Timmins And District Hospital	1	$800	1	$2,050	1	$3,150	$6,000
St. Joseph's Health Centre (Toronto)	2	$1,600	2	$4,100	1	$3,150	$8,850
TOTAL	**289**	**$231,200**	**218**	**$446,900**	**191**	**$601,650**	**$1,279,750**

Mandate

Trillium Gift of Life Network, an operational service agency of the Government of Ontario was created to save and improve lives by maximizing organ and tissue donations in Ontario. Its mandate (adapted from The Trillium Gift of Life Network Act) is to:

- Plan, promote, coordinate and support activities relating to the donation of organs and tissue for transplant.
- Coordinate and support the work of designated facilities in connection with organ and tissue donation and transplant.
- Manage the procurement, distribution and delivery of organs and tissue.
- Establish and manage waiting lists for organ and tissue transplants and establish and manage a system of fair allocation.
- Undertake to ensure that patients and their families have appropriate information and opportunities to consider whether to consent to the donation of organs and tissue and facilitate the provision of that information.
- Provide education to the public and to the health care community about organ and tissue donation and facilitate the provision of such education by others.

Trillium Gift of Life Network
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1.800.263.2833